



Arkansas Department of Health

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Guidelines for Discontinuation of Isolation Precautions in Patients with COVID-19 Infection **Who Are Hospitalized**

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for patients with COVID-19. Interim guidance for discontinuation of Transmission-Based Precautions (or isolation precautions) and disposition of COVID-19 infected patients under home isolation has been developed based on available information about COVID-19. This guidance is subject to change as additional information becomes available. The decision to discontinue isolation precautions can be made using a symptom-based or a test-based strategy.

Symptom based strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*

Test-based strategy

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least **two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens).
Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).

Discontinuation of Empiric Isolation Precautions for Patients Suspected of COVID-19 Infection Who Are Hospitalized

The decision to discontinue empiric isolation precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least **one** FDA Emergency Use Authorized (EUA) COVID-19 molecular assay for detection of SARS-CoV-2.

- **If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2.**
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric Transmission-Based Precautions.

Disposition of Patients with COVID-19

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before discontinuation of isolation precautions in the hospital (see strategy above).

If discharged to a long-term care or assisted living facility, AND

- Isolation Precautions *are still required*, they should go to a facility with an ability to adhere to infection prevention recommendations for the care of COVID-19 patients.
- Isolation Precautions *have been discontinued*, **but the patient has persistent symptoms from COVID-19 (e.g., persistent cough)**, they should be placed in a single room, be restricted to their room, and wear a facemask during care activities until all symptoms are completely resolved or at baseline.
- Isolation Precautions *have been discontinued* and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>